



Department of Medical Assistance Services
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<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers that Furnish Home and Community-Based Services (HCBS) and Commonwealth Coordinated Care Managed Care Plans

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 8/01/2016

SUBJECT: Delay of the Implementation of Redesigned Development Disabilities Waivers and Rate increases Effective July 1, 2016 for Personal Care, Respite Care, Companion Care, Adult Day Health Care, In-Home Residential Support, Skilled Nursing and Private Duty Nursing Services for Individuals in HCBS Waivers — **REVISED**

This memo provides information about the implementation of the three redesigned Developmental Disabilities (DD) Waivers: Community Living, Family and Individual Supports and Building Independence Waivers and as well as updated information on the delayed rate increases to certain services in the HCBS waivers. This memo corrects an error in the NOVA/ROS rates for skilled nursing services in the ID/DD waivers.

On June 23, 2016, DMAS issued a Medicaid Memo regarding a delay in the implementation of the redesigned Developmental Disabilities Waivers from July 1, 2016 to August 1, 2016. DMAS must further delay implementation until such time as the Centers for Medicare and Medicaid Services (CMS) approves the waiver amendments. A new implementation date will be established after CMS approval. This delay affects all restructured or new services in the Developmental Disabilities waivers.

With the further delay, note the following:

Services

- Services and supports provided through the Intellectual Disability (ID); Individual and Family Developmental Disabilities Support (IFDDS); and Day Support (DS) Waivers will continue as they currently operate.
- Prevocational services will continue to be provided until the implementation of the redesigned waivers.
- All new waiver services approved by the General Assembly for a July 2016 start date will be delayed until the implementation of the redesigned waivers. These services include: Community Coaching, Community Engagement, Workplace Assistance, Independent Living Supports, Shared Living, Supported Living, Community Based Crisis Supports,

Center-based Crisis Supports, Crisis Supports Services, Electronic Home-Based Supports, and Private Duty Nursing.

Entry into Waiver Services

- Community Services Boards (CSBs) have assumed the responsibility as the single point of entry for all individuals with DD effective July 1, 2016. Individuals who require screening for the IFDDS Waiver will continue to go through the CSBs to request a screening.
- All waiver slots will continue to be assigned based on existing processes. CSBs will follow current procedures for ID and DS waiver slots. DBHDS will continue to assign IFDDS waiver slots in accordance with the existing process.

Service Authorization

- For IFDDS Waiver service authorizations, DBHDS assumed operations effective July 1, 2016. Please reference the May 17th and 18th Medicaid Memos on this topic.
- IDOLS will remain active for service authorization for the ID and DS waivers.
- Work on the new Waiver Management System (WaMS) will continue. WaMS will not be used for service authorization until the waiver amendments are approved by CMS.
- The delayed implementation will permit time for additional training and testing.

Rates

- The implementation of the tiered reimbursement structure for new and existing services will be delayed. Various residential services (e.g. group home and supported living) as well as other services (e.g. group day and community engagement,) will require a tiered reimbursement schedule.
- CMS has indicated that DMAS can proceed to implement the following rate increases mandated by the General Assembly across all applicable waivers with an effective date of July 1, 2016. This Medicaid Memo supersedes the Medicaid Memo dated June 30, 2016, which indicated that rate increases would be delayed until the DD waiver redesign was approved.

Service	Increase Effective July 1, 2016
Personal Care, Respite Care Companion Care (Agency and Consumer Directed Services)	2%
Private Duty Nursing (Tech Waiver)	11.5%
Adult Day Health Care	2.5%
Skilled Nursing (ID/DD Waiver)	25%

In addition, rate increases for in-home residential support will be increased approximately 25% depending on the location based on the recommendations from the rate study. These changes will be implemented in the system as soon as possible. Claims for dates of service on or after July 1, 2016 will pay at the new rates if processed after the system changes are implemented. DMAS will reprocess claims for dates of service on or after July 1, 2016 that were paid at the previous rate. The reprocessing will be completed by August 31, 2016. Consumer directed

services timesheets already paid for dates of service on or after July 1, 2016 will automatically be reprocessed with the new rate.

Table 1: Home and Community-Based Waiver Rates Effective July 1, 2016

Service	Procedure Codes	Modifier	Area	Rate Effective 7/1/2016	Unit
Respite Care, RN	S9125	TD	ROS	\$30.37	Hour
			NOVA	\$36.88	
Respite Care, LPN	S9125	TE	ROS	\$26.37	Hour
			NOVA	\$31.97	
Congregate Nursing, RN	T1000	U1	ROS	\$21.33	Hour
			NOVA	\$24.59	
Congregate Nursing, LPN	T1001	U1	ROS	\$19.35	Hour
			NOVA	\$22.13	
Congregate Nursing Respite, RN	T1030	TD	ROS	\$21.33	Hour
			NOVA	\$24.59	
Congregate Nursing Respite, LPN	T1031	TE	ROS	\$19.35	Hour
			NOVA	\$22.13	
Private Duty Nursing (Tech Waiver), RN	T1002	N/A	ROS	\$30.37	Hour
			NOVA	\$36.88	
Private Duty Nursing (Tech Waiver), LPN	T1003	N/A	ROS	\$26.37	Hour
			NOVA	\$31.97	
Skilled Nursing (ID/DD Waivers), RN	T1002	N/A	ROS	\$9.29	15 Minute
			NOVA	\$11.28	
Skilled Nursing (ID/DD Waivers), LPN	T1003	N/A	ROS	\$8.05	15 Minute
			NOVA	\$9.78	
Companion Care (Agency)	S5135	N/A	ROS	\$13.43	Hour
			NOVA	\$15.81	
Consumer Directed Companion Care	S5136	N/A	ROS	\$9.22	Hour
			NOVA	\$11.93	
Consumer Directed Personal Assistance/Attendant Care	S5126	N/A	ROS	\$9.22	Hour
			NOVA	\$11.93	
Personal Care (Agency)	T1019	N/A	ROS	\$13.43	Hour
			NOVA	\$15.81	
Consumer Directed Respite Services	S5150	N/A	ROS	\$9.22	Hour
			NOVA	\$11.93	
Respite Care (Agency)	T1005	N/A	ROS	\$13.43	Hour
			NOVA	\$15.81	
Adult Day Health Care	S5102	N/A	ROS	\$57.04	Day
			NOVA	\$61.60	
In-Home Residential Support	H2014	N/A	ROS	\$25.61	Hour
			NOVA	\$29.84	

General

- FEl Systems has opened their help desk for users who will be enrolling in the system or who have accessed the online training materials and have questions.
- Weekly stakeholder calls will continue each Wednesday and will provide additional information on updates on the implementation and respond to any questions.

ADDITIONAL INFORMATION ON THE MEDICAID WAIVERS REDESIGN:

Virginia's Home and Community Based Services (HCBS) Developmental Disabilities Waivers are being redesigned to better assure that people with disabilities have the supports needed to design and achieve lives of quality and meaning in their communities. Updates on the waiver redesign can be found on the DBHDS website under *My Life, My Community* by going to: www.dbhds.virginia.gov. For questions, call toll-free 1-844-603-9248 (1-844-603-WAIV).

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Program of All-Inclusive Care for the Elderly (PACE): http://www.dmas.virginia.gov/Content_atchs/lrc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web

Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.